

misc.

LDOSF 12.3.298/v.1

01/24/05

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Transmittal Number: 2Faxed number of pages including cover 3Faxed Original ☐ will☒ will not be forwarded to youDate: January 24, 2005Subject: Soil disposal manifestProject Number: C00-01419-057**To:**Ron SmithGeneral Services AdministrationAuburn, WAPhone Number: 253-931-7696Fax Number: 253-931-7308**From:**Bruce Carpenter**Herrera Environmental Consultants, Inc.**2200 Sixth Avenue, Suite 1100Seattle, Washington 98121Fax (206) 441-9108(206) 441-9080**Attached are the following items:**

Manifest for your signature.

**Remarks:**

When Diana completed 14 push-probe borings around the former tank excavation at Federal Center South, adjacent to Building 12.03, she filled two 5-gallon buckets with soil cuttings. I had hoped to dispose of the soil with other soil removed during the proposed additional excavation project, but that project is on hold. Only one of 14 borings encountered contaminated soil exceeding MTCA cleanup criteria for gasoline-range petroleum hydrocarbons, benzene, ethylbenzene, and xylenes. There will be a \$30 disposal fee (included in our budget) charged by Rabanco. Please sign the attached manifest. Thank you.

By: Bruce A. CarpenterCopies to: file

USEPA SF



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# GENERATOR WASTE PROFILE SHEET

Waste Profile #

Requested Disposal Facility:

an Allied Waste Company

## I. Generator Information

Date: 1/24/05

Generator Name: U.S. General Services Administration/Federal Center South

Generator Site Address: 4735 East Marginal Way South

City: Seattle County: King State: Washington Zip:

Generator State ID Number: SIC Code Number:

Generator Mailing Address (if different): 400 15th St. SW 10 P D T B

City: Auburn County: King State: WA Zip: 98001

Generator Contact Name: Ron Smith

Phone Number: (253) 931-7696 Fax Number: (253) 931-7308

## II. Transporter Information

Transporter Name: Herrera Environmental

Transporter Address: 2200 6th Ave. Ste. 1100

City: Seattle County: King State: WA Zip: 98121

Transporter Contact Name: Bruce Carpenter

Phone Number: (206) 441-9080 Fax Number: (206) 441-9108

State Transportation Number:

## III. Waste Stream Information

Name of Waste: Soil - Drill Cuttings

Process Generating Waste: Drilling / Soil Sampling

Type of Waste: ☐ INDUSTRIAL PROCESS WASTE or ☒ POLLUTION CONTROL WASTE

Physical State: ☒ SOLID ☐ SEMI-SOLID ☐ POWDER ☐ LIQUID ☐ OTHER:

Method of Shipment: ☐ BULK ☐ DRUM ☐ BAGGED ☒ OTHER: 5-gal buckets (2)

Estimated Annual Volume: ☐ CUBIC YARDS: ☐ TONS: ☒ OTHER: 150 pounds

Frequency: ☒ ONE TIME ☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ OTHER:

Special Handling Instructions:

## IV. Representative Sample Certification

☐ NO SAMPLE TAKEN

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?

☒ YES or ☐ NO

Sample Date: 2/18/2004 Type of Sample: ☐ COMPOSITE SAMPLE ☒ GRAB SAMPLE

Sampler's Employer: Herrera Environmental

Sampler's Name (printed): DIANA M. PHELAN

Signature: Diana M. Phelan



## GENERATOR WASTE PROFILE SHEET (continued)

Waste Profile #

## V. Physical Characteristics of Waste

Characteristic Components

% by Weight (range)

1. 95% uncontaminated soil
2. 5% petroleum contaminated soil
- 3.

Color: Black	Odor (describe): Fuel-like	Free Liquids: <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO Content 5%	% Solids: 95	pH:	Flash Point: ____ °F	Phenol ____ ppm
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Attach Laboratory Analytical Report (and/or Material Safety Data Sheet)

Including Required Parameters Provided for this Profile

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in 40 CFR 261.23?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Does this waste contain regulated concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this a regulated Toxic Material as defined by Federal and/or State regulations?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO
Is this waste generated at a Federal Superfund Clean Up Site?	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO

## Generator Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this profile sheet as provided by Allied Waste Industries, Inc.

Ron Smith, Industrial Hygienist  
 AUTHORIZED REPRESENTATIVE NAME AND TITLE (Printed)

GSA  
 COMPANY NAME

AUTHORIZED REPRESENTATIVE SIGNATURE

1/24/05  
 DATE

## VII. Allied Waste Decision

☐ Approved☐ Rejected

Expiration: \_\_\_\_\_

Conditions:

Name, Title

Signature

Date